

SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Details

Public Employer: Lower Cape May Regional School District County: Cape May
Employee Organization: Administrators Association of the Lower Cape May Regional School District Employees in Unit: 7
Base Year Contract Term: 7/1/2015 6/30/2016 New Contract Term 7/1/2016 6/30/2019
Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☒ Voluntary Settlement ☐ Super Conciliation

| | Column A Base Year - Total Costs (Last Year of Previous agreement) | Column B New Base Year - Total Costs (First Year of Successor agreement) |
|--------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Section II: Economic | | |
| Item 1 <u>Salary</u> | \$595,318 | \$668,027 |
| Item 2 <u>Increment</u> | | |
| Item 3 <u>Longevity</u> | \$8,500 | \$10,925 |
| Item 4 <u>Advance Degree</u> | \$2,750 | \$4,000 |
| Item 5 <u>403b Tax Shelter</u> | \$18,650 | |
| Item 6 <u>Pension Reimbursement</u> | \$30,328 | |
| Item 7 | | |
| Item 8 | | |
| Item 9 | | |
| Item 10 | | |
| Item 11 | | |
| Item 12 | | |
| Any additional items list on separate sheet Additional Items | | |
| Section III: Totals - Sum of costs in each column | \$655,546 (Total) | \$682,952 (Total) |

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) \$655,546

| Effective Date (m/d/yyyy) | 7/1/2016 | 7/1/2017 | 7/1/2018 | | | |
|-----------------------------------------------|-----------|-----------|-----------|--|--|--|
| Percent Increase | 4.2% | 2.8% | 2.9% | | | |
| Total cost of increase .. | \$27,406 | \$19,371 | \$20,700 | | | |
| Total base salary (successor agreement) | \$682,952 | \$702,323 | \$723,023 | | | |

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) _____

Dollar Impact (average per year over term of agreement) _____

Section VI

Health Insurance (Indicate costs associated on each line)

| | Base Year | Year 1 | | | | |
|------------------------------|-----------|-----------|-----------|-----------|--|--|
| Cost of Health Plan | \$131,070 | \$138,341 | \$149,408 | \$161,361 | | |
| Employee Contributions | \$26,411 | \$39,289 | \$44,226 | \$47,763 | | |
| Prescription | | | | | | |
| Dental | \$16,747 | \$16,747 | \$16,747 | \$16,747 | | |
| Vision | | | | | | |

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

Section VII

Prepared by:

Mark Mallett

Print Name

Signature

Title: School Business Administrator

Date: 9/14/2016